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January 28, 2009

Julie Burton, CPA
TennCare Examiner
Department of Commerce and Insurance
TennCare Division
500 James Robertson Parkway, Suite 750
Nashville, TN 37243-1169

RE: Matter # 08-083

Dear Ms. Burton:

Please review the following explanations that were requested in the above referenced matter.

Liabilities and Capital

Aggregate Health Policy Reserves are calculated annually and evaluate anticipated administrative revenue in comparison with anticipated administration expense. The loss was calculated for 12 months at the end of 2007 due to the known end of the administrative contract with the state. This amount remained stabile through first and second quarters, but was re-evaluated during the third quarter based on remaining three months left in the contract with the state. The decrease is due to this re-evaluation.

Amounts due to parent decreased \$20,389,203 due to the actual liability to CHP being paid off during the third quarter.

The Penalty reserve decreased due to evaluation by PHP of Tennessee staff as to what specific 2008 contract requirements had not been meet at the end of third quarter. Evaluation was based on notices received from Tenneare Bureau on contract deficiencies and statistics reported to Tenneare Bureau related to claims timeliness and call center statistics.

The Reserve for At-Risk Revenue is calculated based on a percentage of monthly revenue. Per the Tenncare contract, certain revenue is subject to reaching certain benchmarks (e.g. EPSDT compliance, Non ER visits, Generic Drug Usage, etc.). Therefore, the reserve decreased as PHP changed the liability to anticipate penalties for the last 6 months of the year compared to an 18 month time frame in previous months.

Statement of Revenues and Expenses

The Statement of Revenue and Expenses for third quarter has been amended to reflect the entire deduction of ASO funds against general expenses. Claims adjustment expenses and general expenses now reflect negative expense amounts. The miscellaneous income of \$393,878 is a payment for 2006 risk share bonus that was received in 2008. PHPT placed this amount in miscellaneous income due to the fact that this was for a prior period and not the current period. Report #2A has also been amended and shows the expense breakdowns that the Underwriting Investment Exhibit, Part 3, Analysis of Expenses would show. Please refer to that schedule for expense details.

The Statement of Revenue and Expenses has also been amended to reflect the elimination of Deferred Income Taxes that were reported on line 31. This changes the percent of change for Line 31 and Line 32 by \$3,447,840. The increase in Net Income before taxes during third quarter is due to the write off of the liability accounts mentioned above.

The change in non-admitted assets on the Capital and Surplus Account Schedule has been amended.

Notes to the Financial Statements

Note 21 has been amended to reflect the change in ownership of PHP.

General Interrogatories

The variance for Interrogatory 14.2 is due to a keying error in 3rd Quarter 2008 Disposals. Disposals for this were actually \$64,000,000. Schedule D - Part 4 has been amended. The descriptions for these bonds have also been amended as well and are reflected on Schedule D - Part 3 and Part 4. The investment strategy of buying and selling the bonds was to maximize interest in the volatile market.

Statement of Premiums and Fees for Taxation

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The difference of \$7,478.72 in premiums reported by the TennCare Bureau and PHPT was for a payment of legal fees that offset legal fees in the expenses on the Revenue Statement of PHPT. While PHPT does not agree that this should be used in the calculation for premium taxes, we will add it to the 2008 Annual Statement of Premiums and Fees for Taxation.

If you have any questions regarding these explanations, please feel free to contact me.

Sincerely,

Missy Anderson

TennCare Accountant

Amended Statement Cover

RECEIVED

2009 JAN 29 AM II: 23

QUARTERLY STATEMENT AMENDMENTHS ARE

OF THE

Preferred Health Partnership of Tennessee, Inc.

Of

Knoxville

In the state of

Tennessee

TO THE

Insurance Department

OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED September 30, 2008

Amendment made to correct the following pages: Statement of Revenue and Expenses, PHPT Operations 2A, PHPT State Consolidated 2A, Notes to Financial Statement, Schedule D - Part B, Schedule DA - Part 1, Schedule D - Part 3, Schedule D - Part 4



AS OF September 30, 2008 OF THE CONDITION AND AFFAIRS OF THE

Preferred Health Partnership of Tennessee, Inc.

NAIC Group Code	1253 (Current Period)	1253 (Prior Period)	NAIC Company Code	95749	Employer's ID Number	62-1546662
Organized under the Laws of		Tennessee	, State of Dom	sicile or Port of Entry	Ten	nessee
Country of Domicile	United	States of America				
Licensed as business type:	Life, Accident & Health[Dental Service Corporation Other[]	on[] Vision Se	/Casualty[] ervice Corporation[] Federally Qualified? Yes[X]	Health Ma	Medical & Dental Service or Ind intenance Organization[X]	emnity[]
Incorporated/Organized		01/01/1994	Comm	nenced Business	01/01/199-	4
Statutory Home Office		1420 Centerpoint Blvd.	2		Knoxville , TN 37932	
Main Administrative Office		(Street and Number)	1420 Cen	terpoint Blvd.	(City, or Town, State and Zip Code	э)
	Knovville	e, TN 37932	(Street a	and Number)	(865)670-7282	
	(City or Town, Stat	e and Zip Code)			(Area Code) (Telephone Num	iber)
Mail Address		1420 Centerpoint Blvd. eet and Number or P.O. Box)			Knoxville, TN 37932 (City, or Town, State and Zip Cod	e)
Primary Location of Books an	nd Records	,		20 Centerpoint Blvd. Street and Number)		DAY ALMOS - 0.1 - 0.1
	Knoxville, T			,	(865)670-7282 (Area Code) (Telephone Num	hor)
Internet Website Address	(City, or Town, Sta	e and zip code;			(Alea Gode) (Telephone Noti	iber)
Statutory Statement Contact		Melissa R Anderson			(865)670-7282	
•	manders1@c	(Name)			(Area Code)(Telephone Number)(865)470-7461	Extension)
	(E-Mail A				(Fax Number)	
			OFFICERS			
		Name Douglas E. Ha Jeffery S. Colli Jeffery S. Colli	ake Chief Financial Off			
			OTHERS			
		DIREC.	TORS OR TRUST	FES		
	Thomas Rowe Daniel J. Davi	Bell		Kenneth Truman Michael McKay D		
	Marvin H. Eich			Randolph Murphr Cletus Joseph Mo	ee Lowry MD	
	Michael Earl N Francis H. Olr	Nitchell MD		David A. Nowiski Anthony L. Spezi		
	Dean M. Turn			Sandra L. Mathy		
***************************************	nessee nox ss					
,						
the herein described assets w with related exhibits, schedule said reporting entity as of the Statement Instructions and Ac reporting not related to account	rere the absolute property of and explanations therein reporting period stated abore counting Practices and Protiting practices and procedus the related corresponding the related corresponding the related corresponding practices and procedus the related corresponding the related the relate	of the said reporting entity, a contained, annexed or reference, and of its income and of occurres manual except to ures, according to the best agreement of filing with the New York and the New York and York an	free and clear from any liens erred to, is a full and true stat leductions therefrom for the p the extent that: (1) state law of their information, knowled VAIC, when required, that is a	or claims thereon, exc ement of all the asset- period ended, and hav may differ; or, (2) that ge and belief, respection exact copy (except	utily, and that on the reporting p cept as herein stated, and that I s and liabilities and of the condi- e been completed in accordanc state rules or regulations requi- vely. Furthermore, the scope of for formatting differences due t	this statement, together ition and affairs of the se with the NAIC Annua ire differences in of this attestation by the
South a	Halerd	/ (1.11	1 0.00	1	1.11	Collabe
Darry!	(Signature)		(Signature)	che ((Signature)	
	las E. Haaland rinted Name)	$ \sqrt{}$	Jeffery S. Collake (Printed Name)		Jeffery S. Colla (Printed Name)	Ke
Chief C	1. Operating Officer		2. Chief Financial Officer		3. Secretary	
Office	(Title)		(Title)		(Title)	
Subscribed and sworn day of	to before me this a Zanuary , 2008	a. Is this b. If no,	an original filing? 1. State the amendment 2. Date filed	t number	Yes[] No[X] 1 01/24/2009	
DEBra Notary Robio	Signature) 7.4	i.	Number of pages atta	ached	13	
The Table of the T	STATE STATE OF THE					
nan,	WNOX COOL IIII	MY COMMISSION August 10.	NEXPIRES: 2010			

STATEMENT AS OF September 30, 2000 OF THE PTEMENT OF REVENUE AND EXPENSES

2. I	Member Months	1 1	2		December 31
2. I	Manufac Mantha	Uncovered	Total	3 Total	4 Total
2. I					
3. (1	1		
	Net premium income (including \$0 non-health premium income)	1			
4. I	Change in unearned premium reserves and reserves for rate credits	1			
	Fee-for-service (net of \$0 medical expenses)	1			
	Risk revenue	1	i		
	Aggregate write-ins for other health care related revenues	1	1	1	
7. /	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	xxx	392,878	1,524,643	3,653,634
Hospital	I and Medical:				
	Hospital/medical benefits		5,974		
	Other professional services	1 1	1	i	
	Outside referrals			1	
	Emergency room and out-of-area	!!!		1	
		1 .	1	1	
	Prescription drugs		1		
	Aggregate write-ins for other hospital and medical	1	1		
	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)		(152,247)	(125,633)	(151,997)
Less:					
17. I	Net reinsurance recoveries				.,,
18.	Total hospital and medical (Lines 16 minus 17)		(152,247)	(125,633)	(151,997)
19.	Non-health claims (net)				
	Claims adjustment expenses, including \$(529,941) cost containment expenses	l i	t	1	
	General administrative expenses			i i	
	Increase in reserves for life and accident and health contracts (including \$		(000,001)		
	· -			-	
	reserves for life only)				
	Total underwriting deductions (Lines 18 through 22)				
	Net underwriting gain or (loss) (Lines 8 minus 23)	1 1			
25.	Net investment income earned		1		
26.	Net realized capital gains (losses) less capital gains tax of \$0		151,610	(47,678)	(71,466)
27.	Net investment gains or (losses) (Lines 25 plus 26)		2,227,233	1,677,760	2,242,198
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses				
	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	xxx	4,498,806	(1,251,562)	2,647,913
	Federal and foreign income taxes incurred		(1,130,890)	(425,531)	(107,346)
	•		5,629,696	(826,031)	2,755,259
	Net income (loss) (Lines 30 minus 31) S OF WRITE-INS	[X X X]	3,029,090 [.	(620,031)	2,755,259
	Miscellaneous Income	X X X	392,878	1,524,643	3,653,634
	State Admin Income	XXX			
0603. 0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		392,878	1,524,643	3,653,634
0701.		X X X			
0702. 0703.		XXX			
	Summary of remaining write-ins for Line 7 from overflow page	I i			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. 1402.	Recoveries	1	(158,221)	(114,178)	(129,137)
1402.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	 		(114,178)	(129,137)
2901. 2902.					
2903.					
	Summary of remaining write-ins for Line 29 from overflow page TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year	3 Prior Year Ended
		To Date	To Date	December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	39,149,233	33,552,546	33,552,546
34.	Net income or (loss) from Line 32	5,629,696	(826,031)	2,755,259
35.	Change in valuation basis of aggregate policy and claim reserves			***************************************
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)		•;•••••	
38.	Change in net deferred income tax	(178,115)		(1,033,059)
39.	Change in nonadmitted assets	329,910	2,944,586	3,874,487
40.	Change in unauthorized reinsurance			*************
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)	*****************		
	44.3 Transferred to surplus			***************************************
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	5,781,491	2,118,555	5,596,687
49.	Capital and surplus end of reporting period (Line 33 plus 48)	44,930,724	35,671,101	39,149,233
DETAIL 4701.	LS OF WRITE-INS Change in Unrealized Valuation			
4702.				
4703. 4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

Report #2A: TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

	Current	Year	Previous Year
	Current Períod	Year to Date Total	Total
Member Months	0	0	0
REVENUES:			
TennCare Capitation	0	0	0
2. Investment	820,345	2,227,233	2,242,197
3. Other Revenue	392,878	392,878	3,653,634
IBNR / Capitation Revenue Receivable	0	0	0
Premium Tax	0	0	0
State Admin Revenue	0	. 0	0
4. TOTAL REVENUES (Lines 1 to 3)	1,213,223	2,620,111	5,895,831
EXPENSES:			
Medical and Hospital Services:			
Capitated Physician Services	0	0	0
Fee-For-Service Physician Services	0	0	0
7. Inpatient Hospital Services	5,974	5,974	0
Outpatient Services	0	0	0
9. Emergency Room Services	0	0	0
10. Mental Health Services	0	0	0
11. Dental Services (Capitated & FFS)	0	0	0
12. Vision Services (Capitated, FFS & Opthamology)	0	0	0
13. Pharmacy Services (Capitated & FFS)	0	0	(22,860)
14. Home Health Services	0	0	0
15. Chiropractic Services	0	. 0	0
16. Radiology Services	0	0	0
17. Laboratory Services	0	0	0
18. Durable Medical Equipment Services	0 0	0	0
19. Transportation Services (Capitated)	0	0	0
20. Outside Referrals	. 0	0	0
Medical Incentive Pool and Withhold Adjustments Occupancy, Depreciation, and Amortization	. 0	0	0
23. Other Medical and Hospital Services (Provide Detail)	V		0
Surgery - Orthopedic - FFS Office	0	0	0
MCO Delegated Services	0	٥	0
Allergy & Immunology FFS Office & Other	0	ő	ő
Counselors/Therapists	ő	0	ō
Otolaryngology - FFS Office	0	o	0
Anesthesiology - FFS Hosp & Other	ő	ő	0
Gastroenterology	ő	ő	0
Preventive Medicine	ő	ō	0
Ped Emergency Medicine - FFS Hospital	0	0	0
Miscellaneous	0	o	0
IBNR	0	0	0
Risk Share	0	0	0
24. Subtotal (Lines 5 to 23)	5,974	5,974	(22,860)
25. Reinsurance Expenses Net of Recoveries	0	0	, o
LESS:	0		
26. Copayments	0	0	.0
27. Subrogation	0	. 0	0
27a Recoveries	28,702	158,221	129,137
28. Coordination of Benefits	0	0	0
29. Subtotal (Lines 26 to 28)	28,702	158,221	129,137
30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	(22,728)	(152,247)	(151,998)

Report #2A (Continued): TENNCARE OPERATIONS STA	ATEMENT OF REVE	NUES AND EXP	ENSES
	Current		Previous Year
	Current Period	Year to Date Total	Total
Administration:			
31. Compensation (Including Allocated Costs)	139,015	608,633	9,567,364
32. Marketing (Including Allocated Costs)	0	2,915	6,290
33. Premium Tax Expense	0	0	0
Occupancy, Depreciation and Amortization (Including Allocated Costs) Other Administration (Provide detail)	0	0	1,167,298
,			
Printing	27,604	135,167	143,605
Rent/Utilities Franchise, Excise & Property Taxes	0	0	0
Postage	37,629	126.337	166,199
Legal Fees	(3,503)	(6,009)	11,542
Liquidated Damages	(419,300)	(284,932)	(552,350)
Outside Services	92,032	337,302	361,459
Board & Committee Fees	0	0	0
Auditing, actuarial and other consulting services	0 362	0 3,526	0 4,522
Books & Subscriptions Dues, Fees & Licenses	0	660	41,550
Education & Seminars	ő	0	0
Meals & Entertainment	81	140	393
Office Supplies	918	2,549	6,339
Minor Equipment	0	4,097	4,662
Travel	0	0	218
Wellness Program	0	0	. 0
Leases & Rentals of equipment Repairs/Maintenance Agreements	39,760	61,849	40,784
Telephone/Beepers/Cellular Phones	0	0	0
Temp/Contract Personnel	96,922	251,182	110,034
Provision for Loss Contracts	(4,427,640)	(4,427,640)	0
Risk Banding Reserve	0	0	0
Program Run Out Expense	0	0	(14 225 274)
State Admin Revenue Miscellaneous Expense	(3,356,555) (1,772,880)	(10,454,649) (1,919,616)	(14,235,271) (1,314,246)
Total DIRECT Expenses	(9,545,555)	(15,558,489)	(4,469,609)
Other ALLOCATED Expenses (Provide detail)			**************************************
Rent/Utilities	0		559,297
Printing	0		86,004
Postage	0		411,526
Legal Fees	0		364,930
Outside Services	0		1,451,036
Board & Committee Fees Survey Fees	0		103,436 67,776
Telephone/Beepers/Cellular Phones	0		336,105
Books & Subscriptions	ō	·	98,831
Minor Equipment	0		74,367
Computer Supplies	0		0
Dues, Fees & Licenses	0		106,331
Education & Seminars	0		61,782 24,456
Meals & Entertainment	. 0		24,456 108,760
Office Supplies Travel	. 0		68,986
Miscellaneous Expense	4,455,592	13,832,041	167,635
Franchise, Excise & Property Taxes & Sales/Use Tax	0		109,936
Insurance	0		298,828
Leases & Rentals of equipment	0		49,082
Repairs/Maintenance Agreements	0		527,522 2,248
Relocation Expense Total Training and Orientation Total	0		2,248
Temp/Contract Personnel	0		477,238
Covenant Management Fees	0	100	2,313,414
Table ALLOCATED Formance	4,455,592	13,832,041	7,869,525
Total ALLOCATED Expenses	4,455,592	13,832,041	7,009,525
36. TOTAL ADMINISTRATION (Lines 31 to 36)	(5,089,963)	(1,726,448)	3,399,916
FIT & Excise Tax	(617,875)	(1,130,890)	(107,346)
37. Total Other Expenses:	(617,875)	(1,130,890)	(107,346)
38. TOTAL EXPENSES (Lines 30 and 37 and 37A)	(5,730,566)	(3,009,585)	3,140,572
39. NET INCOME (LOSS) (Line 4 less Line 38)	6,943,789	5,629,696	2,755,259

	Current	Year	Previous Year
	Current Period	Year to Date Total	Total
Member Months	291,172	914,822	1,243,20
REVENUES:			
1. TennCare Capitation	49,408,943	141,012,678	188,214,62
2. Investment	839,102	2,296,769	2,448,61
3. Other Revenue	392,878	392,878	3,653,63
IBNR / Capitation Revenue Receivable	(4,868,857)	22,292,866	24,064,99
Premium Tax	(23, 192)	(183,739)	3,253,03
State Admin Revenue	0	0	
4. TOTAL REVENUES (Lines 1 to 3)	45,748,875	165,811,452	221,634,90
EXPENSES:			
Medical and Hospital Services:			
5. Capitated Physician Services	0	0	
Fee-For-Service Physician Services	4,898,799	18,213,664	24,712,19
7. Inpatient Hospital Services	21,746,183	84,514,661	. 108,957,78
Outpatient Services	19,471	46,438	65,39
9. Emergency Room Services	2,570,525	10,906,316	15,195,92
10. Mental Health Services	13,170	27,692	22,65
11. Dental Services (Capitated & FFS)	718	2,200	3,07
2. Vision Services (Capitated, FFS & Opthamology)	242,880	638,260	825,50
Pharmacy Services (Capitated & FFS)	. 0	3	(22,73
14. Home Health Services	294,826	685,913	900,43
15. Chiropractic Services	0	0	
6. Radiology Services	87,574	258,553	343,15
17. Laboratory Services	5,493,545	20,562,912	26,737,12
18. Durable Medical Equipment Services	2,066,057	7,593,863	10,770,83
19. Transportation Services (Capitated)	1,621,378	4,332,338	4,599,1
20. Outside Referrals	0	. 0	
21. Medical Incentive Pool and Withhold Adjustments	0	0	
22. Occupancy, Depreciation, and Amortization	. 0	0	
3. Other Medical and Hospital Services (Provide Detail)	0	0	
Surgery - Orthopedic - FFS Office	0	0	
MCO Delegated Services	0	0	
Allergy & Immunology FFS Office & Other	2,090,412	6,074,193	8,948,6
Counselors/Therapists	0	0	
Otolaryngology - FFS Office	319,719	1,100,895	1,462,1
Anesthesiology - FFS Hosp & Other	703,128	2,092,621	2,833,0
Gastroenterology	12,910	34,257	61,6
Preventive Medicine	1,121,446	2,703,378	3,554,2
Ped Emergency Medicine - FFS Hospital	0	0	
Miscellaneous	693,083	1,789,553	3,213,9
IBNR	0	0	
Risk Share	0	0	0.0.00
24. Subtotal (Lines 5 to 23)	43,995,823	161,577,710	213,184,1
25. Reinsurance Expenses Net of Recoveries LESS:	0	0	
26. Copayments	. 0	0	
27. Subrogation	157,682	512,148	1,010,4
7a Recoveries	163,952	698,293	703,4
28. Coordination of Benefits	0	0	
29. Subtotal (Lines 26 to 28)	321,634	1,210,441	1,713,8
30. TOTAL MEDICAL AND HOSPITAL (Lines 24 and 25 less 29)	43,674,189	160,367,269	211,470,2

Report #2A (Continued): TENNCARE OPERATIONS ST	ATEMENT OF REVI	NUES AND EXP	ENSES
	Current		Previous Year
	Current Period	Year to Date Total	Total
6.4-2-2-4-44		on operation	1
Administration: 31. Compensation (Including Allocated Costs)	139,015	608,633	9,567,364
32. Marketing (Including Allocated Costs)	0	2,915	6,290
33. Premium Tax Expense	838,735	2,671,825	4,116,797
34. Occupancy, Depreciation and Amortization (Including Allocated Costs)	0	0	1,167,298
35. Other Administration (Provide detail)	0	0	0
Printing	27,604	135,167	143,605
Rent/Utilities	0	0	0
Franchise, Excise & Property Taxes	0 37,629	0 126,337	0 166,199
Postage Legal Fees	(3,503)	(6,009)	11,542
Liquidated Damages	(419,300)	(284,932)	(552,350)
Outside Services	92,032	337,302	361,459
Board & Committee Fees	0	0	0
Auditing, actuarial and other consulting services	0	0	0
Books & Subscriptions	362 0	3,526 660	4,522 41,550
Dues, Fees & Licenses Education & Seminars	0	000	41,300
Meals & Entertainment	81	140	393
Office Supplies	918	2,549	6,339
Minor Equipment	0	4,097	4,662
Travel	. 0	0	218 0
Wellness Program	0	0	0
Leases & Rentals of equipment Repairs/Maintenance Agreements	39,760	61,849	40,784
Telephone/Beepers/Cellular Phones	0	0	0
Temp/Contract Personnel	96,922	251,182	110,034
Provision for Loss Contracts	(4,427,640)	(4,427,640)	0
Risk Banding Reserve	0	0	0
Program Run Out Expense	0 (3,356,555)	0 (10,454,649)	(14,235,271)
State Admin Revenue Miscellaneous Expense	(1,772,880)	(1,919,616)	(1,314,246)
Total DIRECT Expenses	(8,706,820)	(12,886,664)	(352,812)
Other ALLOCATED Expenses (Provide detail)			
Rent/Utilities	0	О	559,297
Printing	0	0	86,004
Postage	0	0	411,526
Legal Fees	0	0	364,930 1,451,036
Outside Services Board & Committee Fees	Ö	0	103,436
Survey Fees	ō	0	67,776
Telephone/Beepers/Cellular Phones	0	0	336,105
Books & Subscriptions	0	0	98,831
Minor Equipment	0	0	74,367 0
Computer Supplies Dues, Fees & Licenses	0	0	106,331
Education & Seminars	ő	ő	61,782
Meals & Entertainment	0	0	24,456
Office Supplies	0	0	108,760
Travel	0	0	68,986
Miscellaneous Expense	4,455,592	13,832,041	167,635 109,936
Franchise, Excise & Property Taxes & Sales/Use Tax Insurance	0	0	298,828
Insurance Leases & Rentals of equipment	0	0	49,082
Repairs/Maintenance Agreements	0	. 0	527,522
Relocation Expense Total	0	0	2,248
Training and Orientation Total	0	0	477 238
Temp/Contract Personnel Covenant Management Fees	0	0	477,238 2,313,414
Coverlant Management Lees	1		2,010,414
Total ALLOCATED Expenses	4,455,592	13,832,041	7,869,525
36. TOTAL ADMINISTRATION (Lines 31 to 36)	(4,251,228)	945,377	7,516,713
FIT & Excise Tax	(617,875)		(107,346)
37. Total Other Expenses:	(617,875)	(1,130,890)	(107,346)
38. TOTAL EXPENSES (Lines 30 and 37 and 37A)	38,805,086	160,181,756	218,879,641
			2,755,259
39. NET INCOME (LOSS) (Line 4 less Line 38)	6,943,789	5,629,696	2,700,259

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Tennessee, Inc.

Notes to Financial Statement

Summary of Significant Accounting Policies Not applicable Accounting Changes and Corrections of Errors Not applicable Business Combinations and Goodwill 3. Not applicable Discontinued Operations Not applicable Investments Not applicable Joint Ventures, Partnerships, and Limited Liability Companies Not applicable 7. Investment Income Not applicable Derivative Instruments Not applicable 9. Income Taxes Not applicable 10. Information concerning Parent, Subsidiaries, and Affiliates Not applicable 11. Debt Not applicable 12. Retirement Plans, Deferred Compensation, Post employment benefits and Compensated Absences and Other Postretirement Benefit Plans. Not applicable 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations Not applicable 14. Contingencies Not applicable 15. Leases Not applicable 16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk Not applicable 17. Sales, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities A-B. Not applicable C. Wash Sales Not applicable 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not applicable 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Tennessee, Inc.

Notes to Financial Statement

Not applicable

20. September 11 Events

Not applicable

21. Events Subsequent

Due to recent fluctuations in the financial markets, Tennessee Department of Commerce and Insurance has required disclosure of the effects of October market changes on investments owned at the end of September 30, 2008.

			Adjustments		
		Od	ctober 2008 Activ	ity	
	Net Admitted Assets reported as of 09/30/2008	Sales	Realized Gain/(Loss)	Unrealized Gain/(Loss)	Adjusted Value of remaining 09/30/2008 Assets as of 10/31/2008
Bonds Stocks Preferred Common Mortgage Loans Other Invested Assets	63,913,952	31,054,267	(2,882,408)	(529,741)	29,447,536
, 100010	63,913,952	31,054,267	(2,882,408)	(529,741)	29,447,536
			(1)	(2)	
Total Capital and Surp	lus reported on Qua	rterly Stateme	nt	_	65,536,015
Change in 9-30-2008 s (losses) occuring Octo				·	(3,412,149)
Total Capital and Surp October 2008 related to			tions during	=	62,123,866
Percentage change in realized and unrealized					-9.48%

On October 21, 2008, Tennessee Department of Commerce and Insurance approved the acquisition order by Humana, Inc. to purchase the parent company of Preferred Health Partnership of Tennessee from Covenant Health. The sale was finalized November 01, 2008. The Company does not believe this event will have a material impact on its financial condition.

22. Other Items

Not applicable

23. Reinsurance

Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Not applicable

26. Intercompany Pooling Arrangements

Not applicable

27. Structured Settlements

Not applicable

28. Health Care Receivables

Not applicable

STATEMENT AS OF September 30, 2008 of the Preferred Health Partnership of Tennessee, Inc.

Notes to Financial Statement

29. Participating Policies

Not applicable

30. Premium Deficiency Reserves

Not applicable

31. Anticipated Salvage and Subrogation

Not applicable

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Tennessee, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

		DUTING THE CUTTENT QUARTER FOR AN EDONGS AND PRESENCE STOCK BY MAINING CLASS		מוס סווס כחו	בוובת סוסכע	by naming c	lass		
	The state of the s	-	2	3	4	2	9	7	∞
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
		Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS	SC								
<u>+</u> :	Class 1 (a)	77,389,912	46,650,000	67,010,944	(44,309)	48,903,043	77,389,912	56,984,659	51,004,490
2	Class 2 (a)	6,940,195			(10,901)	6,951,096	6,940,195	6,929,294	4,638,510
က်	Class 3 (a)								
4.	Class 4 (a)								
5.	Class 5 (a)								
9	Class 6 (a)								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7.	Total Bonds	84,330,106	46,650,000	67,010,944	(55,210)	55,854,139	84,330,106	63,913,952	55,643,000
PREF	PREFERRED STOCK								
80	Class 1								
ெ	Class 2								
40.	Class 3								
7.	Class 4								
12.	Class 5								
5.	Class 6								
4	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	84,330,106	46,650,000	46,650,000 67,010,944	(55,210)	55,854,139	84,330,106	63,913,952	55,643,000
Book/A	Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$	rting period includes 0; NAIC 6 \$	the following amou	unt of non-rated sh	ort-term and cash (equivalent bonds by	/ NAIC designation	: NAIC 1 \$.0; NAIC 2

STATEMENT AS OF Deptember 30, 2000 OF THE PTETERIOR TRAINERS THE OF TERMESSEE, INC.

SCHEDULE DA - PART 1

SCHEDULE DA - Verification

	Short-Term Investments		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,500,000	
2.	Cost of short-term investments acquired		1,496,150
3.	Accrual of discount		3,850
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,500,000	
7.	Deduct amortization of premium	,.,	
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines		
	1+2+3+4+5-6-7+8-9)		1,500,000
11.	Deduct total nonadmitted amounts		
140	Ctatement value at and of surrent period (Line 10 minus Line 11)	1	1 500 000

STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Tennessee, Inc.

SCHEDULE D - PART 3 Bonds and Stock Acquired by the Company During the

	Show All Lon	II Long-Ten	n Bonds and Stock	g-Term Bonds and Stock Acquired by the Company During the Current Quarter	-	fee	c	c	4
_	2	m	4	S	٥	_		20	2
								Paid for	NAIC
								Accrued	Designation
CHSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - Political Su	Bonds - Political Subdivisions of States, Territories and Possessions						-		
400E27AC4	OOVENANT ABS		07/09/2008	NORTHERN TRIEST	×××	275.000	275,000.00		1FE
49932/ AG4	COVENANT ARS		07/10/2008	NORTHERN TRUST	×××	100,000	100,000.00		1F
400527AFQ	COVENANT ARS		07/22/2008	NORTHERN TRUST	XXX	5,000,000	2,000,000.00		詽
493021 ALS	COVENANT ARS		07/10/2008	NORTHERN TRUST	×××	1,050,000	1,050,000.00		1FE
499527AG4	COVENANT ARS		07/23/2008	NORTHERN TRUST	XXX	000'009	00.000,009		1FE
499527AH2	COVENANT ARS		07/17/2008	NORTHERN TRUST	×××	200,000	200,000,000		1FE
499527AF9	COVENANT ARS		08/05/2008	NORTHERN TRUST	×××	2,000,000	2,000,000.00	***************************************	1F
499527AG4	COVENANT ARS		08/13/2008	NORTHERN TRUST	×××	2,900,000	2,900,000.00		1FE
400527AG4	COVENANT ARS		08/20/2008	NORTHERN TRUST	×××	1,075,000	1,075,000.00		1任
40051ACT	:		08/21/2008	NORTHERN TRUST	×××	1,250,000	1,250,000.00		1元
400527 A GA	COVENANT ARS		08/27/2008	NORTHERN TRUST	×××	425,000	425,000.00		托
499927AH2	COVENANT ARS		08/28/2008	NORTHERN TRUST	×××	175,000	175,000.00		1FE
49957AF6	COVENANT ARS		08/28/2008	NORTHERN TRUST	XXX	3,000,000	3,000,000.00		1E
499527AF9	COVENANT ARS		09/02/2008	NORTHERN TRUST	XXX	2,000,000	5,000,000,00		1FE
499527AG4	COVENANT ARS		09/03/2008	NORTHERN TRUST	XXX	325,000	325,000.00		1FE
499527AH2	COVENANT ARS		09/04/2008	NORTHERN TRUST	XXX	100,000	100,000.00		租
499527AF9	COVENANT ARS		09/16/2008	NORTHERN TRUST	XXX	2,000,000	2,000,000.00		1FE
499527AG4	COVENANT ARS		09/17/2008	NORTHERN TRUST	×××	2,000,000	2,000,000.00		1E
499527AH2	COVENANT ARS	-	09/18/2008	NORTHERN TRUST	×××	4,875,000	4,875,000.00		昰
499527AF6	COVENANT ARS		09/18/2008	NORTHERN TRUST	×××	2,000,000	2,000,000.00		<u> </u>
					XXX				
2499999 Subtotal - B	2499999 Subtotal - Bonds - Political Subdivisions of States, Territories and Possessions				XXX	46,650,000	46,650,000.00		×××
6099997 Subtotal - Bonds - Part 3	Sonds - Part 3				XXX	46,650,000	46,650,000.00		×××
6099998 Summary It	6099998 Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	×××
6099999 Subtotal - Bonds	Sonds				XXX	46,650,000	46,650,000.00		XXX
6599998 Summary It	6599998 Summary Item from Part 5 for Preferred Stocks (NA to Quarterly)				XXX	×××	XXX	XXX	×××
729998 Summary It	7299998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	×××	×××	×××	XXX
7399999 Subtotal - P	7399999 Subtotal - Preferred and Common Stocks				XXX		XXX		XXX
7499999 Total - Bonr	7499999 Total - Bonds Preferred and Common Stocks				XXX	46,650,000	XXX		×××
(a) For all common st	(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues	.0.							

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STATEMENT AS OF September 30, 2008 OF THE Preferred Health Partnership of Tennessee, Inc.

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of

)	by the	Compan	y the Company During the Current Quarter	the Cui	rrent Qu	arter	,		a de la constanta de la consta						
L	1	2	3	4	2	9	7	80	6	10)	Change in Book/Adjusted Carrying Value	Adjusted Carryli	ng Value		16	17	18	19	50	21	23
~~~		***************************************	LL C								11	12	13	14	5							
,			-							Prior Year	***************************************	70	Current Year's		Total				Bor	Bond Interest/		
			do .							Book										Stock		NAIC
		-				Number				Adjusted						Φ.						Designation
	CUSIP		6	(L)	Name of			Par	Actual	Carrying		>										or Market
<u>~</u>	dentification	Description	_	Date	Purchaser	of Stock	Consideration	Value	Cost	Value (	Decrease)	Accretion R	Recognized (1	(11 + 12 - 13) B	B./A.C.V.	Date	on Disposal on	on Disposal on	on Disposal Di	During Year D	Date Indic	indicator (a)
	3onds - U	Bonds - U.S. Governments																				
	31359MNU3 . FNMA	FNMA	:	07/10/2008	07/10/2008 NORTHERN TRUST	xxx	1,510,944	1,500.000.00	1,518,466	1,507,740		(844)		(844)		1,506,896		4,048	4,048	9		
10	1399999 Subto	3399999 Subtotal - Bonds - U.S. Governments				xxx	1,510,944	1,500,000.00	1,516,466	1,507,740	*********	(844)		(844)		1,506,896		4,048	4,048	35,000 X	×××	×××
1	Bonds - P	Bonds - Political Subdivisions of States,	f States,	_	erritories and Possessions							,										
	34074GAA2	FI ORIDA HUBRICANE CAT FUND			07/01/2008 MATURED	×××	1,500,000	1,500,000.00	1,534,965	1,508.392	:	(8,392)	-:	(8,392)		1,500,000				07.0 005.75	_	-
> =		COVENANT ARS			NORTHERN TRUST	×××	2,000,000								:	2,000,000		-		910	_	
-4	499527AH2					xxx	700,000	. 700,000,007	700,000	-	:	:	-			700,000	-	1	-	010	01/01/2046 1FE	:
4	499527AE9 .	COVENANT ARS	:	07/08/2008		xxx	1,625,000		1,625,000		-		-	-	:	16,250,000	:			25.5	01/01/2046 1FE	:
4	499527AF6	COVENANT ARS	:	07/17/2008		: : : : :	2,000,000	2,000,000.00	2,000,000				:	<u>:</u>	:	2500,000	:	1	:	010		<u> </u>
4 .	49952/AE9	COVENANT APP	:	0772972008	NORTHERN INDEX		100,000	20000000	100,000			-	:			100 000				010	31/01/2046 1FE	_
4 4	19952/ APIZ	COVENANT ARG	:	08/01/2008		: ××	1 450 000	1.450.000.00	1.450.000							14,500,000				01/0	-	-
	499527AH2	COVENANT ARS		08/07/2008		×××	1,000,000	1,000,000,00	100,000							100,000	-	-	-	010	40.	:
-	499527AF6 .	COVENANT ARS	:	08/07/2008	-	xxx	1,325,000	1,325,000.00	1,325,000	:		:		-	:	1,325,000	1	1		010	01/01/2046 THE	-
4	499527AE9 .	COVENANT ARS	<u>:</u> :	08/12/2008	NORTHERN TRUST	: ××× ::	6,000,000	6,000,000,00	6,000,000		:	-	-	<u>:</u>	<u>!</u>	5,000,000	1	1	1			
4 -	49952/AHZ	COVENANT ABS	1	06/14/2008	_	: * * * * * * * * * * * * * * * * * * *	1 075 000	1 975 000 00	1 975 000	-				:		19,750,000				010		
7 4	49932/AFB	COVENANT ARS	:	09/04/2008		:	4 000 000		4,000,000							4,000,000		-		0110	-	
	199527AF6	COVENANT ARS		09/11/2008		×	3,000,000	3,000,000,00	3,000,000	:						3,000,000	-	-	:	01/0	01/01/2046 1FE	-
	499527AE9	COVENANT ARS	:	09/24/2008	-	xxx		10,500,000.00	. 10,500,000	-	-					10,500.000	-	-	:	019	31/01/2046 THE	:
-	199527AG4 .	COVENANT ARS	:	09/25/2008		xxx	13,725,000	13,725,000.00	13,725,000	-	-		-	1		13,725,000		-		500	01/01/2046 THE	1
0.5	199527AH2	COVENANT ARS	:	09/25/2008	NORTHERN TRUST	: : : : :	7 000 000	7 000 000 00	7 000 000	-	-	1	<u>:</u>	:		7 000 000				010	01/01/2046 1FE	
	+33751 M.O.					×××															-	-
T	Vagaga Subfor	2400000 Suinhtal , Bonds , Political Subdivisions of States Territories and Possessions	States Territ	forme and Poes	Sessions	×××	65 500 000	65 500 000 00	64 534 965	1.508.392		(8.392)		(8,392)		110,050,000				37,500 X	X XXX	·×××
1.6	Anthro 789997	5000007 Subtotal - Bonds - Part 4				×××	+	1	66.151.431	3.016.132		(9.236)		(9,236)		111,556,896		4,048	4,048	72,500 X	X XX	XXX.
,10	Sept. 3 600000	COCCOO C. Land from from Bord & for Donde Will to Coccoo	Capacia C				***	+-	XXX		×××	XXX	×××	+	XXX	XXX	×××	XXX	×××	×××	×××	×××
219	COCCOO CANA	Occasion Curintial Scott Company of the Company of	in department			***	87.010.043	+-	GR 151 421	1-		19 2361		19 2381		111 556 896		4.048	4.048	72 500 X	×××	×××
213	DOGGGG CHING	Coal Dollars	100					1	***	×××	**	4	* * *	***	XXX	XXX	XXX	×××	×××	×××	×××	×××
12	DESERVE SUMM	5599996 Summary Item from Part 5 for Presence Stocks (IV.P. to Quarterly)	DCKS (N/A, 10	- cuarteny)		٧٧٧	1		:											+	1	* * * *
	7299998 Summ	299998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)	tocks (N/A to I	Quarterly)		×××	XXX		×××	XXX	X X X	XXX	XXX	Y Y Y	Y Y Y	٧٧٧	٧٧٧			+	+	
1-	7399999 Subto.	7399999 Subtotal - Preferred and Common Stocks				:: ×××		XXX													-	XXX
11-	*499999 Total -	7499999 Total - Bonds, Preferred and Common Stocks	cks			xxx	67,010,944	xxx	66,151,431	3,016,132	-	(9,236)		(9,236)		111,556.896		4,048	4,048	72,500 X	× :	XXX.
J		The second secon		***************************************				Commission of the Commission o														

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues